

From: Hamilton, Jenny (DSHS/HRSA)
Sent: Friday, July 23, 2010 5:10 PM
To: Heilman, Kelly L. (CMS/CMSO)
Cc: Gantz, Roger (DSHS/HRSA); Cody, Preston (HCA); Carlson, Rena (HCA); Longhorn, Robert (HCA); Vaughn, Christy (HCA); Onizuka, Richard (HCA); Arnis, Michael (HCA)
Subject: CMS Conference Call Questions for WA Transitional Bridge Waiver

Hi Kelly:

Here is a collection of answers to the questions that have been raised at recent CMS discussions or noted on the agendas.

1. The Basic Health out-of-pocket max is calculated on an individual basis, NOT a family basis. The member handbook extract notes: *Out-of-pocket maximum – Your coinsurance costs apply toward your out-of-pocket maximum of \$1,500 per person, per calendar year. When you reach your out-of-pocket maximum, you do not have to pay any further coinsurance costs for covered benefits and services received during that year. Your health plan will pay 100% of the coinsurance for all covered benefits and services. The \$1,500 out-of-pocket maximum applies to each family member enrolled in Basic Health. If you change health plans any time during the year, the amount you've paid toward your deductible and out-of-pocket maximum for covered family members will start over with your new health plan.*
2. We received Appendix 2 this morning – it is attached as the file *Millimans methodology letter 7-22-10.pdf*. We thought it prudent to send it on even though we haven't fully reviewed it ourselves. If we discover there's any reason something needs to be revised we'll let you know asap, but with vacations and budget-related time commitments it just isn't possible to turn around a thorough review quickly.
3. Historical changes to BH cost-sharing – premiums. A spreadsheet is attached (*BH Premium History 1996-2011.xlsx*) that shows the % of premium contributed by individuals in the income bands above 125% FPL, and the fixed \$ contributions for individuals in the 3 income bands below 125% FPL. Changes as described in WA state budget documents are included – these are also reflected in the historical expenditures details of our budget neutrality documentation.
4. Priority populations and pre-ex – to confirm, the following populations make up the priority list. These are in administrative rule; 3 populations are statutorily designated as priority (see the RCW references).
 - Members of the Washington National Guard and Reserves who served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation Noble Eagle, and their spouses and dependents; RCW 70.47.060 (11)
 - Foster parents licensed under chapter 74.15 RCW; RCW 70.47.020 (9) (b) & (c)
 - New or returning members of an existing tribal sponsored account;
 - Employees of a home care agency group enrolled or applying for coverage under WAC 182-25-060;
 - Eligible individual home care providers;
 - Children and women requesting maternity benefits eligible for subsidized BH, who were referred to DSHS for BH Plus coverage, but were found ineligible for BH Plus and;
 - Former BH members who disenrolled from BH in order to enroll in DSHS Medical Assistance, and subsequently became ineligible for Medical Assistance. RCW 70.47.060 (20)

To answer an additional related question – priority population status does not apply to Medicaid enrollees who lose their Medicaid coverage but were not former BH members that disenrolled to enroll in Medicaid. These individuals follow the first-come-first-served policy that applies to all other non-priority individuals.)

In response to the questions on yesterday's agenda:

- Priority populations are on the waiting list if their enrollment was temporarily delayed because space was not available at the time they applied to Basic Health. Otherwise they would be immediately enrolled. When space becomes available they come off the waiting list as a priority population.
- All new enrollees (since May 2009) have been from the priority populations.

- Enrollees with previous creditable coverage get credit for that coverage and may therefore be not subjected to the pre-ex waiting period. Individuals without previous creditable coverage may get up to 3 months credit against their pre-ex waiting period when they come off the wait list.

5. Sponsorship enrollment – a file is included with Basic Health sponsors and their monthly enrollment over the last year (*Total financial sponsor by category.pdf*).
 - As of **April 2009** there were 22 sponsors - 27,552 sponsored subsidized individuals of a total of 102,205 subsidized Basic Health members; As of **October 2009** – 22 sponsors with 19,889 of 80,924 members; As of **June 2010** – 21 sponsors with 15,017 of 64,858 members
 - While there are fewer sponsored members proportionally in 2010 than in 2009, this change is primarily a result of statutory direction to disenroll Basic Health/Medicaid dually enrolled individuals who still retain their Medicaid coverage. About 7,000 were disenrolled from Basic Health between August 2009-May 2010. Other reasons for disenrollment are listed in the file *Sponsor Disenrollment Reasons (RB).docx*.
 - Disenrollment (alone) of sponsored individuals is compared for the last quarter of 2009 and the first quarter of 2010 in the attached file (*Summary of disenrollment Q42009 vs Q12010.xlsx*). These numbers do not match those in the *Total financial sponsor file* – that file reflects the net monthly enrollment. The summary worksheet provides a snapshot of disenrollment related to non-payment of premium/lacking documentation and other reasons.
6. Cost sharing – CMS has asked for more information on opportunities to revise cost-sharing. Having reviewed the work we've done it's clear that it will need revision to be helpful to our discussions at this point. This is because we have 3 yet-to-be-resolved areas that have major implications on potential funding for Basic Health in 2011 and will impact options for addressing cost sharing:
 - ARRA extension - do states get it or not? If not that will prompt action anticipated by the Governor that we discussed yesterday;
 - We expect to know more about 2011 managed care contract renewal rates for Basic Health in early August – these will alter our prior estimates of Basic Health's 2011 budget.
 - Pre-ex waiting period for adults - we have said that we'd transition to eliminating the waiting period for adults in 2012 and our actuaries estimate an approximate 5% increase in premiums; if CMS required this earlier we would need to make adjustments to our 2011 rates;

In the meantime, as we said yesterday, it would really help to have confirmation of CMS' specific needs for cost sharing modifications to inform further analysis. At this time our 2011 transitional milestone step is to rollback premiums for individuals in the lowest income band to the 2009 level.

And – it would really help us now, and as we move towards national health reform, to confirm that we have interpreted Medicaid cost sharing provisions correctly (page 31 of our July proposal).
7. BH recertification – To confirm - we conduct an annual recertification for all BH enrollees. In addition, BH is required to conduct a 6 monthly recertification for individuals for whom an SSN is not available.

I think this covers outstanding details for which information was requested during our recent weekly discussions. Please let me know if I've missed something!

Thanks!
Jenny

Jenny Hamilton
Medicaid Purchasing Administration
P.O. Box 45502
Olympia, WA 98504-5502
360.725.1101 (tele)
360.586.9551 (fax)



1301 Fifth Avenue
Suite 3800
Seattle, WA 98101-2605
Tel +1 206 504 5603
Fax +1 206 682 1295
Email: tim.barclay@milliman.com

July 22, 2010

Roger Gantz
Washington Dept. of Social & Health Services
Health & Recovery Services Administration
P.O. Box 45510
Olympia, WA 98504-5510

Re: GAU/ADATSA/Basic Health Cost Estimates at Medicaid Benefits and Reimbursement

Dear Roger:

At your request, we have developed per member per month (PMPM) cost estimates for GAU, ADATSA and Basic Health populations assuming the Healthy Options (HO) benefit package and HO levels of provider reimbursement.

Summary of Results

The following table summarizes the “without waiver” rates for the GAU, ADATSA and Basic Health populations effective January 1, 2011 through December 31, 2011.

Population	PMPM
GAU	\$978.12
ADATSA	\$611.16
Basic Health	\$283.00

Note that while we reviewed the with waiver estimates for reasonableness, our calculations are limited to the without waiver development.

GAU/ADATSA Methodology

A detailed buildup of the without waiver PMPMs is included in the attached Exhibit 1. The following assumptions were made in the development of these estimates:

- Base GAU medical data reflects non-King/Pierce Counties fee-for-service claims incurred from 10/1/08-9/30/09 with run out claims through May 2010. Non-King/Pierce Counties were chosen because of the long term managed care pilot in place with Community Health Plan of Washington.
- Base ADATSA medical data reflects statewide fee-for-service claims incurred from 10/1/08-9/30/09 with run out claims through May 2010.
- Base Mental Health costs reflect adjusted RSN capitation rates as provided by David Mancuso for SFY 2011.
- Base Chemical Dependency costs are as reported by David Mancuso for SFY 2009.

- Adjustments were made to the base medical claims to reflect enhanced Medicaid inpatient reimbursement, which is in excess of the historical payment rates for the GAU/ADATSA populations.
- Adjustments were made to reflect modest reductions to DME covered services since the base period, effective 7/1/09.
- Reductions to unit costs were applied to reflect the reduced Medicaid office visit fee schedule, effective 7/1/09.
- We did not incorporate the facility fee schedule reductions that took place 7/1/09, as we understand that those are likely to be reinstated in the near term.
- GAU medical costs were adjusted downward by a factor of 0.9694 to reflect the inclusion of King and Pierce Counties.
- All costs were trended forward to CY 2011 at 3.0% per year.
- Health plan administrative cost has been set at 12% of premium, of which 2% is for premium tax.
- The baseline for health plan administrative costs excludes Inpatient Hospital, Inpatient Mental Health and all Chemical Dependency.

Basic Health Methodology

The following assumptions were made in the development of this estimate:

- Historical experience for SFY 2009 was used as the baseline for the prospective cost development.
- We removed all point-of-service cost sharing from the Basic Health benefit package.
- We added the following benefits: Hearing aids, glasses, DME and comprehensive PT/OT services to make the benefit package comparable to Healthy Options.
- We removed inpatient Mental Health from the baseline costs, assuming there will be an RSN add-on for mental health services which will be inclusive of inpatient services.
- Similar to Healthy Options, we have included 13.5% administration (including 2% premium tax).
- We assumed an annual trend rate of 2% for utilization and 0.5% for unit cost.
- The \$283.00 PMPM estimate does not account for the dental wraparound benefit, FQHC/RHC enhancements, the RSN benefit cost or any additional Chemical Dependency cost.

Exhibit 2, attached, summarizes the PMPM build-up of the total cost of covering the adult Basic Health population at the HO benefit package and reimbursement levels. Specifically, State and Federal splits have been applied and mental health and chemical dependency estimates have been included. While we have reviewed these estimates for reasonableness, our detailed analysis was limited to the development of the \$283.00 PMPM.

Limitations

This letter is intended for the use of the Washington Department of Social and Health Services, Health & Recovery Services Administration (HRSA) in support of the GAU, ADATSA and Basic Health programs. We understand that this information will be shared with other parties. To the extent that the information contained in this letter is provided to third parties, the document should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and health care modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Similarly, third parties are instructed that they are to place no reliance upon this report prepared for HRSA by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the HRSA capitation rates, assumptions, and trends.

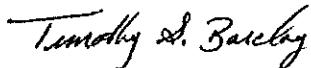
Data Reliance

We have relied on numerous data sources provided by HRSA. In addition, we have relied extensively on encounter and claim data provided by the Managed Care Organizations participating in the Healthy Options and Basic Health programs. While we have reviewed this data for reasonableness, we have not performed any independent audit of these sources. Errors in the underlying data sources could impact the results of our analysis.

The cost estimates summarized in this letter rely on historical experience and forecasts of future results. Actual experience will vary from these expectations for many reasons, including changes in the marketplace regarding contracted rates and the degree of health care management, changes to the health mix of the covered population, and other random and non-random factors.

Please let us know if you have any questions regarding this rate development.

Sincerely,



Timothy S. Barclay, FSA, MAAA
Principal & Consulting Actuary

cc: Jenny Hamilton

Exhibit 1
Washington State Transitional Bridge Demonstration Proposal - July 2010

CY 2011 Medical Care Services Program Base Year Per-Capita										ADATSA (under managed care)								
										ADATSA (under current fee-for-service)								
		Disability Lifeline (DL/GAU)				ADATSA (under managed care)						ADATSA (under current fee-for-service)						
		Without Waiver	With Waiver	Total	Federal	Without Waiver	Total	Federal	Without Waiver	Total	Federal	Without Waiver	Total	Federal	Without Waiver			
		Total	State	Federal		Total	State	Federal	Total	State	Federal	Total	State	Federal	Total	State	Federal	
Base Medical ¹		\$100.35	\$50.18	\$50.18		\$48.56	\$24.28	\$24.28	\$48.56	\$24.28	\$24.28	\$48.56	\$24.28	\$24.28	\$48.56	\$24.28	\$24.28	
- Inpatient Hospital		\$214.56	\$207.38	\$207.38		\$160.21	\$80.11	\$80.11	\$160.21	\$80.11	\$80.11	\$160.21	\$80.11	\$80.11	\$160.21	\$80.11	\$80.11	
- All other		\$534.91	\$257.46	\$257.46		\$208.77	\$104.39	\$104.39	\$208.77	\$104.39	\$104.39	\$208.77	\$104.39	\$104.39	\$208.77	\$104.39	\$104.39	
Total																		
Adjusted Medical Base ²		\$351.08	\$175.54	\$175.54		\$123.26	\$61.63	\$61.63	\$123.26	\$61.63	\$61.63	\$123.26	\$61.63	\$61.63	\$123.26	\$61.63	\$61.63	
- Inpatient Hospital ⁴		\$400.73	\$200.37	\$200.37		\$159.90	\$79.95	\$79.95	\$159.90	\$79.95	\$79.95	\$159.90	\$79.95	\$79.95	\$159.90	\$79.95	\$79.95	
- All other		\$751.81	\$375.90	\$375.90		\$283.16	\$141.58	\$141.58	\$283.16	\$141.58	\$141.58	\$283.16	\$141.58	\$141.58	\$283.16	\$141.58	\$141.58	
Total																		
Trended Adjusted Medical Base ³		\$375.22	\$187.61	\$187.61		\$152.82	\$76.41	\$76.41	\$131.74	\$65.87	\$65.87	\$116.81	\$58.45	\$58.45	\$131.74	\$65.87	\$65.87	
- Inpatient Hospital ⁴		\$214.14	\$214.14	\$214.14		\$426.34	\$23.17	\$23.17	\$170.90	\$85.45	\$85.45	\$84.04	\$70.90	\$85.45	\$84.04	\$112.45	\$112.45	\$112.45
- All other		\$803.51	\$401.75	\$401.75		\$579.16	\$289.58	\$289.58	\$302.63	\$151.32	\$151.32	\$302.63	\$151.32	\$151.32	\$302.63	\$151.32	\$151.32	
Total																		
Mental Health Base ⁴		\$12.98	\$6.99	\$6.99		\$13.98	\$6.99	\$6.99	\$11.08	\$5.54	\$5.54	\$11.08	\$5.54	\$5.54	\$11.08	\$5.54	\$5.54	
- Inpatient		\$55.56	\$27.78	\$27.78		\$44.70	\$22.35	\$22.35	\$44.70	\$22.35	\$22.35	\$44.70	\$22.35	\$22.35	\$44.70	\$22.35	\$22.35	
- Outpatient		\$69.54	\$34.77	\$34.77		\$55.78	\$6.99	\$6.99	\$27.89	\$55.78	\$55.78	\$27.89	\$55.78	\$55.78	\$27.89	\$55.78	\$55.78	\$55.78
Total																		
Trended Mental Health Base ³		\$14.19	\$7.09	\$7.09		\$14.19	\$7.09	\$7.09	\$11.24	\$5.62	\$5.62	\$11.24	\$5.62	\$5.62	\$11.24	\$5.62	\$5.62	
- Inpatient		\$56.39	\$28.19	\$28.19		\$45.37	\$22.68	\$22.68	\$45.37	\$22.68	\$22.68	\$45.37	\$22.68	\$22.68	\$45.37	\$22.68	\$22.68	
- Outpatient		\$70.58	\$35.29	\$35.29		\$70.58	\$35.29	\$35.29	\$56.61	\$28.31	\$28.31	\$56.61	\$28.31	\$28.31	\$56.61	\$28.31	\$28.31	
Total																		
Plan Administration ⁷		\$65.09	\$33.05	\$33.05		\$29.49	\$14.75	\$14.75	\$29.49	\$14.75	\$14.75	\$29.49	\$14.75	\$14.75	\$29.49	\$14.75	\$14.75	
Chemical Dependency ⁶		\$35.24	\$17.62	\$17.62		\$35.24	\$17.62	\$17.62	\$206.58	\$103.29	\$103.29	\$206.58	\$103.29	\$103.29	\$206.58	\$103.29	\$103.29	
Trended Chemical Dependency ³		\$37.94	\$18.97	\$18.97		\$37.94	\$8.97	\$8.97	\$222.43	\$111.21	\$111.21	\$222.43	\$111.21	\$111.21	\$222.43	\$111.21	\$111.21	
Total PHRA ⁴		\$978.12	\$489.06	\$489.06		\$687.67	\$343.84	\$343.84	\$611.16	\$305.58	\$305.58	\$533.04	\$266.52	\$266.52	\$536.31	\$268.15	\$268.15	

ASSUMPTIONS & NOTES

1. Medical cost estimates are based on fee-for-services (FFS) claims data for October 1, 2008 through September 30, 2009, with a claims run out through May 2010. DL/GAU includes all counties except King and Pierce which were in a managed care pilot. The DL/GAU data were adjusted by a .3634 factor for utilization differences between King/Pierce and the remainder of the state. ADATSA calculations used statewide claims data.

2. The adjusted medical data were reprinted using the DL/GAU and ADATSA FFS utilization and Medicaid payment rates for hospital services, including an adjustment for modest reductions to covered durable medical equipment (DME) and reduced Medicaid office visit fee schedules that were effective on July 1, 2009.

3. The FY 2009 data were trended forward to CY 2011 using a 2.0% per-year trend factor for price changes.

4. Inpatient hospital services are heavily discounted for currently state-funded programs.

5. METHODOLOGY for calculating mental health benefits for MCS-DL (GA-U) and MCS-ADATSA enrollees:

Part 1. Estimation of full Medicaid mental health benefit for MCS-DL (GA-U) and MCS-ADATSA enrollees. We used a concurrent risk model (that is, a model pairing risk factors identified in SPY 2007 to impaired costs in SPY 2009). The risk model included the following risk factors identified from MMIS and client demographic data:

A set of diagnosis-based risk factors grouped by level of severity (schizophrenia, bipolar, depression, etc.)

Age and gender interaction terms

Costs were measured through claims-based reimbursement amounts for patient claims processed through MMIS, and through the Client Services Database mental health service cost imputation model for Evaluation and Treatment inpatient admissions and outpatient community services paid directly by the RSNs. The risk model was calibrated to the SPY 2007 adult CM disabled population. The r-square for the calibration was 21.4 percent.

Applying these risk weights derived from the SPY 2007 calibration to the relevant SPY 2009 populations produced the following population average risk scores:

SPY 2009 CM disabled member-month weighted mean risk score = 1.047

SPY 2009 ADATSA member-month weighted mean risk score = 0.577

The risk scores are "lifear" and can be used to calculate relative risk ratios to produce "discount factors" off the Disabled Adults RSN rates for DL/GA-U and ADATSA clients:

SPY 2009 GA-U "discount factor" = 0.552

SPY 2009 ADATSA "discount factor" = 0.442

Applying those discount factors to the SPY 2011 composite rates for July 2010 through June 2011 for Disabled Adults produces:

SPY 2011 GA-U estimated RSN per cap = \$68.54

SPY 2011 ADATSA estimated RSN per cap = \$55.78

These per caps reflect expected mental health service utilization for the MCS-DL (GA-U) and MCS-ADATSA populations who were enrolled as categorically needy Medicaid beneficiaries in SPY 2011.

Part 2. Direct calculation of per member per month community psychiatric/psychotic costs for GA-U and ADATSA clients in SPY 2012. Client Services Database mental health service cost imputation model for Evaluation and Treatment inpatient admissions by the RSNS. No adjustments were made to MMIS claim-based reimbursement amounts. GA-U and ADATSA coverage months were measured through the CFM "Span" eligibility file.

• METHODOLOGY for calculating chemical dependency treatment per caps.

SPY 2009 treatment, case management, assessment and detoxification costs were calculated by pricing service encounters (recorded in the TARGET information system) at Medicaid rates for clients enrolled in MCS-DL (GA-U) or MCS-ADATSA coverage months. Treatment modalities include residential, outpatient and geographically substituted treatment services. No adjustments were made to reflect county administrative costs associated with non-residential services. MCS-DL (GA-U) or MCS-ADATSA coverage months were measured through the CFM "Span" eligibility file.

• Plan administration

SPY 2009 treatment, case management, assessment and detoxification costs were calculated by a 10% administrative factor and a 2% increase for premium rates.

• Total Adminstration data are based on a 10% administrative factor and is the sum of:

- Total trended medical health base
- Trended chemical dependency
- Plan administration

Exhibit 2
Washington State Transitional Bridge Demonstration Proposal - July 2010

		CY 2011 Adult Basic Health Base Year Per-Capitas										
		Without Waiver			With Waiver (pre-ex included)			With Waiver (no pre-ex)				
		Total	State	Federal	Total	Enrollee	State	Federal	Total	Enrollee	State	Federal
Trended Adjusted Medical Base ¹	Total	\$283.00	\$141.50	\$141.50								
Trended Mental Health Base ²	Total	\$18.60	\$9.30	\$9.30								
Trended Chemical Dependency ³		\$16.68	\$8.34	\$8.34								
Total PMPM ⁴		\$318.28	\$159.14	\$159.14	\$274.96	\$62.56	\$106.20	\$106.20	\$288.71	\$65.69	\$111.51	\$111.51

ASSUMPTIONS & NOTES

¹ All cost sharing was removed from the BH benefit package; hearing aids, glasses, durable medical equipment and comprehensive PT/OT services were added. Adjustment was made for an annual trend rate of 2% for utilization and 0.5% for costs.

^{2,3} Standard payment rate for non-disabled adults.

⁴ Includes Plan Administration based on a 13.5% administrative factor and a 2% increase for premium taxes. Total includes an adjustment for achieving mental health parity effective January 1, 2011 but does not account for dental (which would only increase the "without waiver" estimated PMPM.)

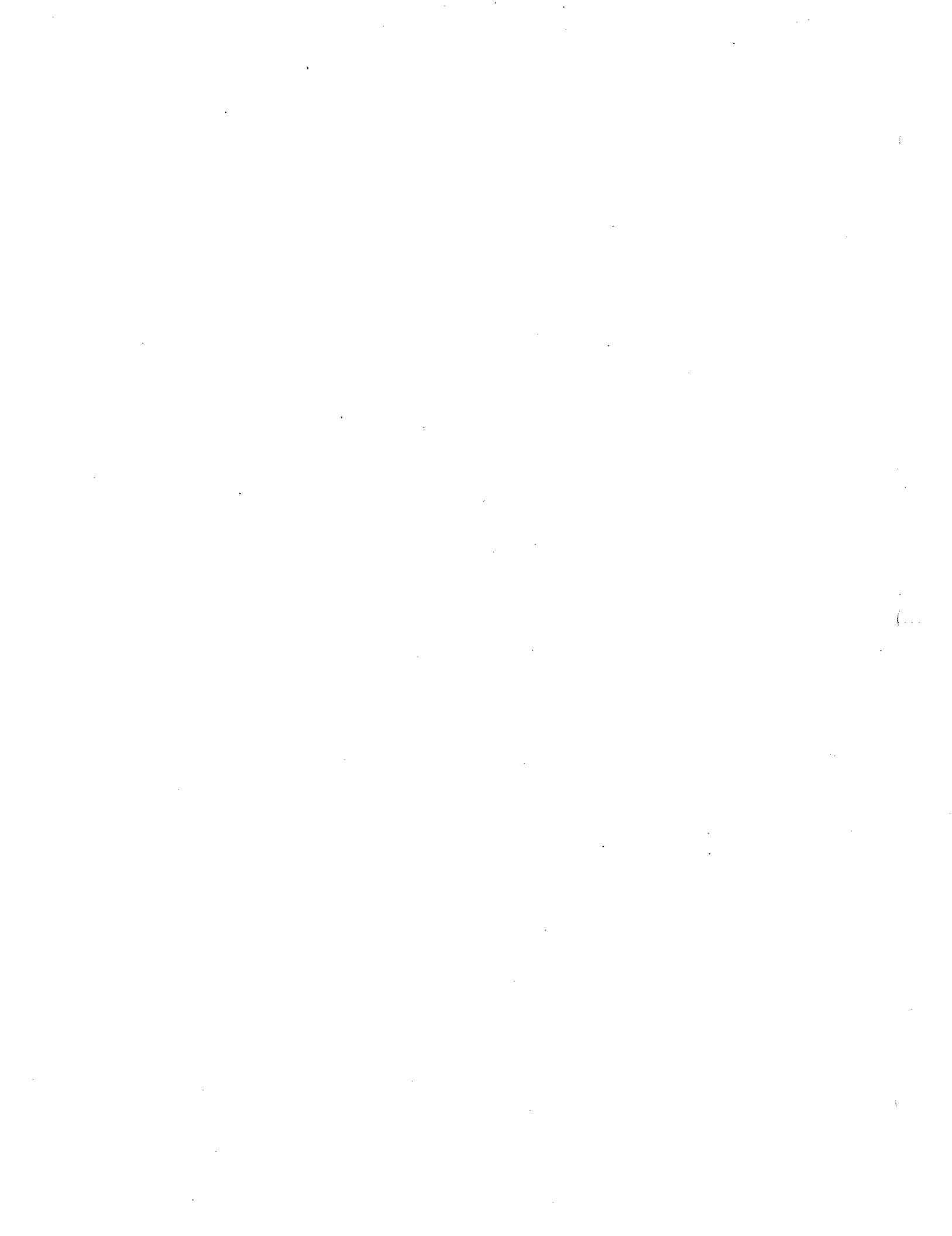
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Changes in Basic Health Member Premium Contributions (1996-2011)

Income bands A-C contribute a fixed amount. Income bands D-H contributions are a percentage of the actual age banded plan rate

Year	Subsidy Policy Action (from budget docs)	A 0 - 65% Mid point of range - % of income	B 65 - 100% \$ 10.00	C 100 - 125% \$ 10.00	D 125 - 140% \$ 10.00	E 140 - 155% \$ 10.00	F 155 - 170% \$ 10.00	G 170 - 185% \$ 10.00	H 185 - 200% \$ 10.00
1996	Revised subsidy scale - 5 ranges above 125% FPL, \$ 10 for those under 125% FPL	\$ 10.00	\$ 10.00	\$ 10.00	15.34%	22.91%	30.48%	38.06%	45.63%
1997	Managed care plan rates increased by 12.3% although budgeted increase was around 8%. Max family premium capped at 3X individual premium rather than 2X	\$ 10.00	\$ 10.00	\$ 10.00	15.34%	22.91%	30.48%	38.06%	45.63%
1998		\$ 10.00	\$ 12.00	\$ 15.00	24%	33%	40%	49%	59%
1999	Increased co-pays by \$2 (40-200% increase)	\$ 10.00	\$ 12.00	\$ 15.00	24%	33%	40%	49%	59%
2000	Recognized that 65-125% FPL individuals spend a substantially smaller % of income on premiums than any other group. Return to pre- 1998 subsidy scale for 125-200% FPL. Recognized that avg subsidized enrollee is older and poorer than expected	\$ 10.00	\$ 13.00	\$ 16.25	15.00%	23.00%	30.00%	38.00%	46.00%
2001	Raise premium for those below 125% FPL	\$ 10.00	\$ 14.00	\$ 17.50	15.00%	23.00%	30.00%	38.00%	46.00%
2002	Non-citizen children/parents eligible to transfer from DSHS (plan for about 20,000 new BH enrollees)	\$ 10.00	\$ 14.00	\$ 17.50	15.00%	23.00%	30.00%	38.00%	46.00%
2003	Goal of 172,000 enrollees	\$ 10.00	\$ 14.00	\$ 17.50	15.00%	23.00%	30.00%	38.00%	46.00%
2004	Increase share of benefit costs borne by enrollees to get down to 100,000 enrollees. Reduce state cost by 18% by raising premiums, copays and deductibles	\$ 17.00	\$ 22.50	\$ 30.00	21.20%	27.70%	35.30%	44.20%	54.20%
2005	Goal of 100,000 enrollees	\$ 17.00	\$ 22.50	\$ 30.00	21.20%	27.70%	35.30%	44.20%	54.20%
2006	Goal of 100,000 enrollees	\$ 17.00	\$ 22.50	\$ 30.00	21.20%	27.70%	35.30%	44.20%	54.20%
2007	Goal of 106,500 enrollees	\$ 17.00	\$ 22.50	\$ 30.00	21.20%	27.70%	35.30%	44.20%	54.20%
2008	Goal of 107,700 enrollees	\$ 17.00	\$ 22.50	\$ 30.00	21.20%	27.70%	35.30%	44.20%	54.20%
2009	Initial goal of 109,500 enrollees, reduced to 105,500 during supplemental budget.	\$ 17.00	\$ 22.50	\$ 30.00	21.20%	27.70%	35.30%	44.20%	54.20%
2010	Funding reduced 43%. Premium share and deductible increased. Reduced enrollment target of 69,000 members.	\$ 34.00	\$ 45.00	\$ 60.00	38.40%	48.00%	58.80%	71.30%	85.00%
2011	Enrollment target of 69,000 members.	\$ 17.00	\$ 45.00	\$ 60.00	38.40%	48.00%	58.80%	71.30%	85.00%



Follow-up on Washington State's Transitional Bridge Demonstration

Variables impacting Basic Health Sponsor Enrollment Levels July 21, 2010

	Variable	Impact on Enrollment
BH	Disenrolled Dually Enrolled Members	Members who left BH due to dual enrollment and don't provide timely notification of losing DSHS coverage don't return to BH for coverage or as quickly. Large numbers of BH members lost BH coverage due to dual enrollment beginning August 2009. Some of these subsequently lost DSHS coverage but did not provide timely notification to BH or comply with eligibility requirements.
BH	Increased monthly recertification selection April 2009 through September 2009.	Recertification selection usually impacts coverage five months after the selection month. After increased recertification selection larger numbers of members lost coverage August 2009 through January 2010 due to non compliance including non response to requests for information.
BH	Initiated Returned Mail Project late 2009.	BH updated the returned mail practice. BH began acting on the first rather than second piece of returned mail. This potentially impacted sponsored members more than individual members as BH did not send sponsored members invoices each month so more time passed before there was returned mail resulting from an invalid address. Members with non deliverable mail were disenrolled following normal billing timelines.
BH and Sponsor	Waitlist	Nontribal sponsor net enrollment decreased because of the waitlist. As people left they were not replaced with new members. In addition members who lost coverage were often subject to a 12 month wait and then waited for available space.
Sponsor	Increased the required member contribution.	Sponsors could require each member to contribute toward their BH premium. Some do, some don't. Those that do may require the contribution periodically or all at once for a 12 month period. They may increase required contribution for all sponsored members at once, or by alerting each family when the sponsor does its required annual reverification is likely to be staggered throughout the year.
Sponsor	Increased admin controls	Sponsors may have had staffing, administrative changes or increased internal reviews.
Sponsor	Transitioned out of BH or reduced income levels eligible for sponsorship.	Some members were transitioned to other sponsors and subject to their controls other members were offered individual coverage if they paid the individual premium.

DISENROLLMENT FROM THE BASIC HEALTH PROGRAM: Oct-Dec 2009 compared with Jan-Mar 2010

Disenrollment reason	FIXED PREMIUM CONTRIBUTIONS						SLIDING SCALE PREMIUM CONTRIBUTIONS						TOTAL			
	0-65% FPL		65-100% FPL		100-125% FPL		125-140% FPL		140-155% FPL		155-170% FPL		170-185% FPL			
	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009
FINANCIAL SPONSORED																
Did not pay premium or provide needed documentation	420	972	170	384	90	221	96	85	67	49	58	38	193	28	100	16
No longer eligible for BH or died	92	139	81	102	53	66	26	28	17	40	23	23	22	25	18	8
Dual/Transferred to Medicaid	149	198	61	85	48	49	18	29	9	14	9	6	1	3	0	3
Got private insurance	14	16	10	7	6	11	6	3	6	1	2	9	7	2	4	3
None given	8	12	2	8	4	7	2	3	2	2	4	5	2	0	1	35
Total	683	1337	324	586	205	351	153	147	102	106	94	80	228	60	122	31
% of disenrollment due to missing premium or documentation ¹	61%	73%	52%	66%	44%	63%	65%	58%	62%	46%	62%	48%	82%	47%	83%	52%
% of total disenrollment ²	35%	50%	17%	22%	11%	13%	8%	5%	5%	4%	5%	3%	12%	29%	6%	4%

Disenrollment reason	FIXED PREMIUM CONTRIBUTIONS						SLIDING SCALE PREMIUM CONTRIBUTIONS						TOTAL			
	0-65% FPL		65-100% FPL		100-125% FPL		125-140% FPL		140-155% FPL		155-170% FPL		170-185% FPL			
	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009	Q1 2010	Q4 2009
INDIVIDUALLY PURCHASED																
Did not pay premium or provide needed documentation	893	1232	555	622	493	501	322	285	319	281	279	243	235	184	200	110
No longer eligible for BH or died	402	593	309	411	266	353	212	235	155	209	168	247	148	274	91	120
Dual/Transferred to Medicaid	220	285	98	126	51	72	30	39	32	15	25	15	17	23	8	6
Got private insurance	128	144	111	105	86	69	66	49	61	52	67	37	43	30	18	592
None given	23	26	14	11	14	14	5	5	9	5	5	5	0	5	3	517
Total	1666	2280	1097	1275	900	1009	635	613	576	562	544	547	452	334	257	7067
% of disenrollment due to missing premium or documentation ¹	54%	54%	52%	49%	54%	50%	51%	46%	55%	50%	51%	44%	55%	35%	60%	43%
% of total disenrollment ²	27%	32%	18%	18%	15%	14%	10%	9%	9%	8%	9%	8%	7%	7%	5%	4%

Table reads:

¹ Among "sponsored" individuals with family income at 0-65% FPL who disenrolled from Basic Health in the last 3 months of 2009, 73% disenrolled due to not paying their premium contribution or not providing required documentation;

² Of the "sponsored" Basic Health program disenrollment in the last 3 months of 2009, 50% came from individuals with family income at 0-65% FPL; compared with 36% in the first quarter of 2010

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 July 2009
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	113	3	116
St. John's Peace Health	342	50	392
University of WA Physicians	21	2	23
Yakima Neighborhood Health Services	333	2	335
Sponsor Group SubTotal	809	57	866

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Community Foundation North Central Wa	612	30	642
El Centro de la Raza	4,736	128	4,864
Housing Hope	417	28	445
Jamestown S'Klallam Tribe	27		27
Kalispel Tribe	16	3	19
Leah Layne Foundation	3,009	40	3,049
Lourdes Foundation	659	18	677
Lower Elwha Klallam Tribe	91	6	97
Lummi Health Center	9		9
Makah Tribe	111		111
Mt Adams Health Foundation	12,172	1,118	13,290
Multi-Service Center	398	17	415
Neighborhood House	1,437	47	1,484
Port Gamble S'Klallam Tribe	197	1	198
Quileute Health and Human Services	122		122
Quinault Indian Nation	293	2	295
Shoalwater Bay Indian Tribe	19	2	21
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	24,331	1,440	25,771
Grand Total		25,140	1,497
			26,637

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 August 2009
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	105	3	108
St. John's Peace Health	277	50	327
University of WA Physicians	18	2	20
Yakima Neighborhood Health Services	265	2	267
Sponsor Group SubTotal	665	57	722

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Community Foundation North Central Wa	517	26	543
El Centro de la Raza	4,078	136	4,214
Housing Hope	350	20	370
Jamestown S'Klallam Tribe	24	24	24
Kalispel Tribe	14	3	17
Leah Layne Foundation	2,705	38	2,743
Lourdes Foundation	586	17	603
Lower Elwha Klallam Tribe	77	3	80
Lummi Health Center	10	10	10
Makah Tribe	111	111	111
Mt Adams Health Foundation	10,881	1,091	11,972
Multi-Service Center	342	17	359
Neighborhood House	1,239	50	1,289
Port Gamble S'Klallam Tribe	187	1	188
Quileute Health and Human Services	101	101	101
Quinault Indian Nation	277	2	279
Shoalwater Bay Indian Tribe	17	2	19
Squaxin Island Tribe	5	5	5
Sponsor Group SubTotal	21,521	1,406	22,927
Grand Total	22,186	1,463	23,649

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
Total* Financial Sponsor Enrollment by Category
September 2009
Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	96	3	99
St John's Peace Health	267	49	316
University of WA Physicians	18	2	20
Yakima Neighborhood Health Services	240	2	242
Sponsor Group SubTotal	621	56	677

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Community Foundation North Central Wa	473	26	499
El Centro de la Raza	3,695	136	3,831
Housing Hope	301	20	321
Jamestown S'Klallam Tribe	15		15
Kalispel Tribe	11	3	14
Leah Layne Foundation	2,587	35	2,622
Lourdes Foundation	550	17	567
Lower Elwha Klallam Tribe	75	3	78
Lummi Health Center	21		21
Makah Tribe	120		120
Mt Adams Health Foundation	10,361	1,059	11,420
Multi-Service Center	315	17	332
Neighborhood House	1,115	45	1,160
Port Gamble S'Klallam Tribe	183		183
Quileute Health and Human Services	94		94
Quinault Indian Nation	261	2	263
Shoalwater Bay Indian Tribe	15	2	17
Squaxin Island Tribe	5		5
Sponsor Group SubTotal	20,197	1,365	21,562
Grand Total	20,818	1,421	22,239

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 October 2009
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	83	4	87
St John's Peace Health	243	49	292
University of WA Physicians	18	2	20
Yakima Neighborhood Health Services	224	2	226
Sponsor Group SubTotal	568	57	625

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Community Foundation North Central Wa	431	26	457
El Centro de la Raza	3,474	134	3,608
Housing Hope	248	19	267
Jamestown S'Klallam Tribe	17		17
Kalispel Tribe	10	3	13
Leah Layne Foundation	2,499	31	2,530
Lourdes Foundation	514	14	528
Lower Elwha Klallam Tribe	74	3	77
Lummi Health Center	29		29
Makah Tribe	124		124
Mt Adams Health Foundation	10,021	1,039	11,060
Multi-Service Center	297	17	314
Neighborhood House	1,033	43	1,076
Port Gamble S'Klallam Tribe	179		179
Quileute Health and Human Services	94		94
Quinault Indian Nation	257		257
Shoalwater Bay Indian Tribe	15	2	17
Squaxin Island Tribe	5		5
Sponsor Group SubTotal	19,321	1,331	20,652
Grand Total	19,889	1,388	21,277

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
Total* Financial Sponsor Enrollment by Category
November 2009
Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	77	4	81
St John's Peace Health	233	45	278
University of WA Physicians	18	2	20
Yakima Neighborhood Health Services	200	2	202
Sponsor Group SubTotal	528	53	581

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Community Foundation North Central Wa	400	24	424
El Centro de la Raza	3,299	127	3,426
Housing Hope	217	18	235
Jamestown S'Klallam Tribe	16		16
Kalispel Tribe	9	3	12
Leah Layne Foundation	2,464	30	2,494
Lourdes Foundation	488	14	502
Lower Elwha Klallam Tribe	76	3	79
Lummi Health Center	41		41
Makah Tribe	133		133
Mt Adams Health Foundation	9,699	1,013	10,712
Multi-Service Center	281	16	297
Neighborhood House	952	43	995
Port Gamble S'Klallam Tribe	177		177
Quileute Health and Human Services	100		100
Quinault Indian Nation	260		260
Shoalwater Bay Indian Tribe	13	2	15
Squaxin Island Tribe	5		5
Sponsor Group SubTotal	18,630	1,293	19,923

Grand Total	19,158	1,346	20,504
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* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 December 2009
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	75	4	79
St John's Peace Health	218	44	262
University of WA Physicians	17	2	19
Yakima Neighborhood Health Services	178	2	180
Sponsor Group SubTotal	488	52	540

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Community Foundation North Central Wa	373	26	399
El Centro de la Raza	3,134	126	3,260
Housing Hope	197	16	213
Jamestown S'Klallam Tribe	21		21
Kalispel Tribe	9	3	12
Leah Layne Foundation	2,392	37	2,429
Lourdes Foundation	454	14	468
Lower Elwha Klallam Tribe	79	3	82
Lummi Health Center	41	2	43
Makah Tribe	153		153
Mt Adams Health Foundation	9,401	1,008	10,409
Multi-Service Center	263	17	280
Neighborhood House	867	40	907
Port Gamble S'Klallam Tribe	174		174
Quileute Health and Human Services	99		99
Quinault Indian Nation	269		269
Shoalwater Bay Indian Tribe	13	2	15
Squaxin Island Tribe	5		5
Sponsor Group SubTotal	17,944	1,294	19,238
Grand Total	18,432	1,346	19,778

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
Total* Financial Sponsor Enrollment by Category
 January 2010
Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	73	4	77
St John's Peace Health	205	42	247
University of WA Physicians	17		17
Yakima Neighborhood Health Services	154	2	156
Sponsor Group SubTotal	449	48	497
Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Chehalis Tribe	1		1
Community Foundation North Central Wa	371	28	399
El Centro de la Raza	3,275	124	3,399
Housing Hope	183	15	198
Jamestown S'Klallam Tribe	20		20
Kalispel Tribe	6	3	9
Leah Layne Foundation	2,408	40	2,448
Lourdes Foundation	370	10	380
Lower Elwha Klallam Tribe	80	3	83
Lummi Health Center	45	4	49
Makah Tribe	154		154
Mt Adams Health Foundation	9,150	868	10,018
Multi-Service Center	263	17	280
Neighborhood House	1		1
Port Gamble S'Klallam Tribe	171		171
Quileute Health and Human Services	95		95
Quinault Indian Nation	269		269
Shoalwater Bay Indian Tribe	13	2	15
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	16,881	1,114	17,995
Grand Total	17,330	1,162	18,492

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 February 2010
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	71	3	74
St John's Peace Health	203	39	242
University of WA Physicians	16		16
Yakima Neighborhood Health Services	149	2	151
Sponsor Group SubTotal	439	44	483

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Chehalis Tribe	1		1
Community Foundation North Central Wa	369	27	396
El Centro de la Raza	3,228	121	3,349
Housing Hope	180	15	195
Jamestown SKlallam Tribe	20		20
Kalispel Tribe	6	3	9
Leah Layne Foundation	2,383	42	2,425
Lourdes Foundation	356	10	366
Lower Elwha Klallam Tribe	86	3	89
Lummi Health Center	53	4	57
Makah Tribe	154		154
Mt Adams Health Foundation	9,017	849	9,866
Multi-Service Center	256	17	273
Neighborhood House	5	1	6
Port Gamble SKlallam Tribe	175		175
Quileute Health and Human Services	95		95
Quinault Indian Nation	269		269
Shoalwater Bay Indian Tribe	13	2	15
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	16,672	1,094	17,766
Grand Total	17,111	1,138	18,249

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 March 2010
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	71	3	74
St. John's Peace Health	192	38	230
University of WA Physicians	16		16
Yakima Neighborhood Health Services	143	2	145
Sponsor Group SubTotal	422	43	465
Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Chehalis Tribe	1		1
Community Foundation North Central Wa	364	28	392
El Centro de la Raza	3,190	121	3,311
Housing Hope	171	15	186
Jamestown S'Klallam Tribe	22		22
Kalispel Tribe	6	3	9
Leah Layne Foundation	2,387	45	2,432
Lourdes Foundation	351	10	361
Lower Elwha Klallam Tribe	88	3	91
Lummi Health Center	60	2	62
Makah Tribe	157		157
Mt Adams Health Foundation	8,348	759	9,107
Neighborhood House	4		4
Port Gamble S'Klallam Tribe	165		165
Quileute Health and Human Services	96		96
Quinault Indian Nation	279		279
Shoalwater Bay Indian Tribe	14	2	16
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	15,709	988	16,697
Grand Total	16,131	1,031	17,162

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
Total* Financial Sponsor Enrollment by Category
 April 2010
Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	69	2	71
St. John's Peace Health	183	37	220
University of WA Physicians	16		16
Yakima Neighborhood Health Services	136	1	137
Sponsor Group SubTotal	404	40	444

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Chenalis Tribe	2		2
Community Foundation North Central Wa	363	24	387
El Centro de la Raza	3,109	112	3,221
Housing Hope	169	13	182
Jamestown Skokomish Tribe	21		21
Kalispel Tribe	6	3	9
Leah Layne Foundation	2,338	41	2,379
Lourdes Foundation	341	9	350
Lower Elwha Klallam Tribe	89	3	92
Lummi Health Center	65	2	67
Makah Tribe	163		163
Mt Adams Health Foundation	8,200	721	8,921
Neighborhood House	4		4
Port Gamble Skokomish Tribe	153		153
Quileute Health and Human Services	103		103
Quinault Indian Nation	280		280
Shoalwater Bay Indian Tribe	13	2	15
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	15,425	930	16,355
Grand Total	15,829	970	16,799

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
Total* Financial Sponsor Enrollment by Category
May 2010
Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	65	2	67
St John's Peace Health	176	35	211
University of WA Physicians	16		16
Yakima Neighborhood Health Services	138	1	139
Sponsor Group SubTotal	395	38	433
Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Chehalis Tribe	2		2
Community Foundation North Central Wa	347	24	371
El Centro de la Raza	3,059	108	3,167
Housing Hope	163	13	176
Jamestown S'Klallam Tribe	20		20
Kalispel Tribe	6	3	9
Leah Layne Foundation	2,287	38	2,325
Lourdes Foundation	336	9	345
Lower Elwha Klallam Tribe	85	3	88
Lummi Health Center	70	3	73
Makah Tribe	160	1	161
Mt Adams Health Foundation	7,964	725	8,689
Neighborhood House	1		1
Port Gamble S'Klallam Tribe	142		142
Quileute Health and Human Services	99		99
Quinault Indian Nation	276		276
Shoalwater Bay Indian Tribe	13	2	15
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	15,036	929	15,965
Grand Total	15,431	967	16,398

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.

Basic Health - Internal report
 Total* Financial Sponsor Enrollment by Category
 June 2010
 Member Summary

Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Moses Lake Community Health Center	59	2	61
St. John's Peace Health	176	33	209
University of WA Physicians	16		16
Yakima Neighborhood Health Services	132		132
Sponsor Group SubTotal	383	35	418

Non-Provider Sponsor	BH Subsidized Enrollment	BH Plus and S-Medical Enrollment	Total Sponsor Enrollment
Chehalis Tribe	2		2
Community Foundation North Central Wa	331	27	358
El Centro de la Raza	2,982	109	3,091
Housing Hope	153	13	166
Jamestown S'Klallam Tribe	19		19
Kalispel Tribe	3	2	5
Leah Layne Foundation	2,245	38	2,283
Lourdes Foundation	320	8	328
Lower Elwha Klallam Tribe	79	7	86
Lummi Health Center	67	3	70
Makah Tribe	156	1	157
Mt Adams Health Foundation	7,761	711	8,472
Port Gamble S'Klallam Tribe	133		133
Quileute Health and Human Services	97		97
Quinault Indian Nation	268		268
Shoalwater Bay Indian Tribe	12	2	14
Squaxin Island Tribe	6		6
Sponsor Group SubTotal	14,634	921	15,555
Grand Total	15,017	956	15,973

* Total Financial Sponsor Enrollment includes Basic Health Subsidized, S-Medical and BH Plus enrollment.